

10/10/23, 4:35 PM

Division of Corporations

L23000355780

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I20200000206
Phone : (305)463-6690
Fax Number : (305)463-6693

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OPTIMUM HEALTH SYSTEM LLC**

Certificate of Status	0
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Page Count	01
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FACILITY

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S E R

OCT 11 2023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Optimum Health System LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/31/23 and assigned Florida document number 223000358780.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3990 W Flagler ST, STE 407
Miami, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3990 W Flagler ST, STE 407
Miami, FL 33134

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3990 W Flagler ST, STE 407
Enter Florida street address

Miami
City

Florida 33134
Zip Code

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Milenis Lopez Leon	3990 W Flagler ST, STE 407	<input type="checkbox"/> Add
		Miami, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Madeleidis Lopez Leon	3990 W Flagler ST, STE 407	<input type="checkbox"/> Add
		Miami, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Leticia Bernal Leon	3990 W Flagler ST, STE 407	<input type="checkbox"/> Add
		Miami, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Delfin Hernandez	3990 W Flagler ST, STE 407	<input type="checkbox"/> Add
		Miami, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 10th : 2023

Signature of a member or authorized representative of a member

Milenis Lopez Leon
Typed or printed name of signee

Filing Fee: \$25.00